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NO. 0785 P. 2

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 043978-22000									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</td> <td colspan="2" style="padding: 2px;">In re Application of Steven O. MARKEL</td> </tr> <tr> <td rowspan="2" style="width: 30%; vertical-align: top; padding: 2px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-273-8300, on August 3, 2007. <i>Markel</i> Signature:</td> <td style="width: 30%; padding: 2px;">Application Number 10/766,723</td> <td style="width: 30%; padding: 2px;">Filed January 27, 2004</td> </tr> <tr> <td style="padding: 2px;">For On-Content Streaming Media Enhancement</td> <td style="padding: 2px;">Art Unit 2178</td> <td style="padding: 2px;">Examiner David Faber</td> </tr> </table>			CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	In re Application of Steven O. MARKEL		I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-273-8300, on August 3, 2007. <i>Markel</i> Signature:	Application Number 10/766,723	Filed January 27, 2004	For On-Content Streaming Media Enhancement	Art Unit 2178	Examiner David Faber
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	For On-Content Streaming Media Enhancement	Art Unit 2178	Examiner David Faber								
Name: <u>Peacher Thomas</u>											
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.											
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):											
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380 (043978-022000)</u> . I have enclosed a duplicate copy of this sheet.	Fee \$120 \$450 \$1020 \$1590 \$2160	Small Entity Fee \$60 \$225 \$510 \$795 \$1080									
I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>53,435</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
<u>August 3, 2007</u> Date <u>(202) 585-8000</u> Telephone Number	 Signature <u>Joseph A. Parisi</u> Typed or printed name										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.											
<input type="checkbox"/> Total of _____ forms are submitted.											
CERTIFICATE OF TRANSMISSION/MAILING											
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